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7590

05/17/2006

Thomas H. Close
Patent Legal Staff
Eastman kodak Company
343 State Street
Rochester, NY 14650-2201

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<i>June Carfagna</i>	(Depositor's name)
<i>June Carfagna</i>	(Signature)
<i>August 8, 2006</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/851,868

05/09/2001

Stanley W. Stephenson

82633RLO

4959

TITLE OF INVENTION: DRIVE FOR CHOLESTERIC LIQUID CRYSTAL DISPLAYS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/17/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
DHARIA, PRABODH M	2629	345-050000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 *Raymond L. Owens*
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

EASTMAN KODAK COMPANY
343 STATE STREET, ROCHESTER, NY 14650-2201

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

08/14/2006 MAHME2 00000070 09851868

01 FC:1501
02 FC:1504

1400.00 OP
300.00 OP

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
☒ Payment by credit card. Form PTO-2038 is attached.
☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Pamela R Crocker*
Typed or printed name *Pamela R Crocker*

Date *8-7-06*
Registration No. *42,447*

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